APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier		
FEDERAL ASSISTANCE						
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE		State Application Identifier		
Application Preapplication						
Construction	Construction	4. DATE RECEIVED BY	/ AGENCY	Federal Identifier		
Non-Construction	n Non-Construction					
5. APPLICANT INFORMATION Legal Name:	DN		Organizational Unit:			
Legal Name.			Organizational Onit.			
Address (give city, county, state and zip code):			Name and telephone of the person to be contacted on matters involving this application (give area code)			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			7. TYPE OF APPLICANT: (enter appropriate letter in box)			
8. TYPE OF APPLICATION New	Revision	A. State G. Special District B. County H. Independent School Dist. C. Municipal J. Private University D. Township K. Indian Tribe				
If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration E. Interstate L. Individual F. Intermunicipal M. Profit Organization						
D. Decrease Duration	2. Increase Duration	N. Other (Specify):				
9. NAM				ME OF FEDERAL AGENCY:		
<u> </u>						
10. CATALOG OF FEDER. ASSISTANCE NO.	-	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
TITLE:						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):						
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:						
Start Date Ending Date a. Applicant			b. Project			
			SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$0.00			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
	·	DATE				
b. Applicant	\$0.00	DATE				
c. State	\$0.00	b. NO. PROGRAM IS NOT COVERED BY E.O. 12372				
d. Local	\$0.00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
e. Other	\$0.00					
f. Program Income	\$0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL	\$0.00 Yes, If "Yes", attach an explanation No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED						
a. Typed Name of Authorized Representative		b. Title	b. Title		c. Telephone	
d. Signature of Authorize	ed Representative	I			Date Signed	
					-	